

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 13-DEC-2012		TIME 07:30:00		2. ADDRESS OF OCCURRENCE 727 E 111TH ST CHICAGO, IL 60628		3. LOCATION CODE 280		4. BEAT/OCCUR 0531			
MEMBER INVOLVED	5. POSITION 9171	6. LAST NAME WALKER	7. FIRST NAME TOMMY J	8. STAR NO. 2328	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE [REDACTED]	12. HT. 511	13. WT. 229		
	14. DATE OF APPT. 30-JAN-1991		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 005 0501		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME COLEMAN		21. FIRST NAME PHILLIP		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		
SUBJECT INFORMATION	24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 600		27. WT. 180		28. ADDRESS [REDACTED]		
	29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? ROSELAND COMMUNITY HOSPITAL		
	34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED 720 ILCS 5.0/12-3.2-A-1, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4		37. CB NO. 18557298		IR NO. 2188581		
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		39. <input checked="" type="checkbox"/> DNA		40. <input type="checkbox"/> DNA		41. <input type="checkbox"/> DNA		42. <input type="checkbox"/> DNA		
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER HELD ARMS ATTEMPTING		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER KICKED FEET		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____
WEAPON DISCHARGE INCIDENT	43. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		45. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		46. WEATHER CONDITIONS CLEAR		47. MAKE/MANUFACTURER		
	48. WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		
	53. SPECIAL WEAPON CERTIFICATE NO.		54. PROPERTY INVENTORY NO.		55. TYPE OF AMMUNITION USED		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		57. TOTAL NO. OF SHOTS MEMBER FIRED		
CASE INFO.	58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		62. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		
	68. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		69. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		70. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		71. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		72. SIGNATURES		
SIGNATURES	73. REPORTING MEMBER (Print Name) WALKER, TOMMY J		STAR/EMPLOYEE NO. 2328		SIGNATURE [REDACTED]		74. REVIEWING SUPERVISOR (Print Name) MOSTEK, CARLOS M		STAR NO. 196		
	13-DEC-2012 14:06:03		[REDACTED]		[REDACTED]		DATE REVIEWED 13-DEC-2012 14:17:34		TIME		
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, R/Lt finds that all Department Rules and orders were followed.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1058981 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

MOSTEK, CARLOS M

SIGNATURE

DATE COMPLETED

TIME

13-DEC-2012 14:18:14

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

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